Naval Center
COSC
Combat & Operational Stress Control
MINDLINES
Edition 26 | Fall 2015
www.nccosc.navy.mil

Women and PTSD

# Women in the Military:

## Common Stressors and Coping Strategies

Cmdr. Jean Fisak, Deputy Director, NCCOSC

Over the past few years, women in the military have made significant strides in career accomplishments. We see more and more women achieve what their male counterparts have done for years. In August of 2015, two female Army officers made history when they successfully passed Army Ranger School, known as one of the most physically challenging schools in the military. In a post-9/11 era, women have proven to be not only effective on the battlefield, but essential. As more active duty females become eligible for combat duty, they are also experiencing the effects of combat and operational stress.

*Cmdr. Jean Fisak, Deputy Director, Naval Center for Combat & Operational Stress Control, discusses future programming for the center with her staff. Photo by Randy Reyes.*

As a Navy Nurse, my field is predominantly female (64 percent as of fiscal year 2015); therefore I've never personally felt that my gender affected my service directly or indirectly. However, as a whole, women in the military face unique stressors when compared to men in the military. In one study, the stress associated with being a woman in the military was second to stress at work . Common stressors for active duty females include: Work/Family balance, Threat of Assault, and Deployments.

I remember when I was a Lieutenant and I had given birth to two kids within a span of 3 years, I was doing shift work, and was part of a dual-military relationship. Even though my husband also felt the stress as an active duty parent, I felt that as a mother... as a female... I took on the majority of the parental duties. The work/family balance for females in the military can be tough, especially for mothers. When the kids got sick, I would take off of work. When it came to the mission, I had to miss out on some family moments. For active duty women, maintaining that balance will not always be perfect. This can cause stress for women who struggle between

answering that maternal instinct and answering the call of duty.

Another stressor is the threat of assault, especially sexual assault and Military Sexual Trauma (MST). MST can happen to any gender. However, statistics show that women have a higher risk for sexual trauma in the military. The Department of Defense reports MST and sexual assault affect approximately 20,000 active duty men and women annually. Nearly half of those affected are women, despite comprising only 14 percent of those in the military. Even with ongoing efforts of prevention, sexual assault produces stigma, fear, and stress for its victims. The resulting MST is a known risk factor that can contribute to stress injuries and illnesses.

Lastly, being in a deployed setting can also be a common stressor for active duty females. Deployment is stressful for any service member. A protective factor against developing stress illnesses and injuries is social support from those in your unit. Unit cohesion is based on common experiences, which means those of the same gender are more likely to share similar experiences that can lead to social bonding. As the ratio of men to women is extremely skewed in the men's favor, women may experience lower levels of actual or perceived social support. Women in the military can sometimes face unwarranted isolation, scrutiny, or ostracization, which can lead to stress or worse, psychological stress injuries.

*Cmdr. Jean Fisak, Deputy Director, Naval Center for Combat & Operational Stress Control, leads staff members during a quick break to practice mindfulness during the busy work day. Photo by Randy Reyes.*

Stress causes physiological changes in the brain and body. Pro¬longed stress can negatively impact overall health (and potentially impact the mission). The good news is that there are steps to mitigate stress that can be used by women AND men. These tools below are what I use personally to cope with stress and are also taught as part of Caregiver Occupational Stress Control (CgOSC). What I emphasize most is prevention. Through early recognition, we can mitigate the risk for stress injuries and illnesses. Through the stress continuum and Combat and Operational Stress First Aid (COSFA), we can identify, intervene, and engage those who may have stress reactions. With the tools of self-care, we emphasize taking care of the body, mind, spirit, and social aspects of life to build personal resilience.

**Exercise:** Working out serves dual purpose for me. It prepares me to be in peak physical condition as part of my job. It's also a place for me to "get away from it all" and practice mindfulness. Speaking of "mindfulness"...

**Mindfulness:** Finding a time to collect your thoughts and focus on your spirit can help restore you and mitigate stress. Some mindfulness techniques include meditation or deep-breathing exercises.

**Balance:** As mentioned before, the balance between work and life can get tough. Strive to leave work at work, so you can focus on family and friends during personal time. Be sure to also carve out some "me" time for you and your favorite activities.

**Connections:** Make time to enjoy activities with family and friends. Build stronger rapport amongst colleagues. Your fellow female coworkers may need the same support.

Prevention through being proactive is paramount to good mental health and strengthening resilience. These tips are an integral part of preserving individual readiness and maintaining a mentally fit and psychologically ready fighting force of both men and women.

As an active duty female, it is absolutely fantastic to see how far women in the military have come, both physically and mentally. Our gender isn't a crutch, it's an advantage. Women in the military are distinct in that we provide an emotional leadership to an organization where it is greatly needed. While there are many unique and inevitable stressors we face, there are also tools and support available.

Knowing the stressors that affect female service members and being proactive on how to mitigate them improves psychological readiness. Women will continue to have a crucial role in current operations and their efforts and sacrifices will continue to break through gender barriers. Optimizing their psychological health ensures that our diverse Sailors and Marines are ready to meet the challenges of military service in the 21st Century.

[i] Stress and substance use among military women and men. http://www.ncbi.nlm.nih.gov/pubmed/10395158

*Lt. Kathleen Kostka, a critical care nurse, checks vital signs during mass casualty training in the intensive care unit aboard the amphibious assault ship USS Kearsarge (LHD 3). Kearsarge, the flagship for Amphibious Squadron (PHIBRON) 4, along with the 26th Marine Expeditionary Unit (26th MEU), is underway for PHIBRON-MEU Integrated Training in preparation for a future deployment. (U.S. Navy photo by Mass Communication Specialist 2nd Class Aren Everett/Released)*

## A Few Facts about Women's History in Navy Medicine

(Adapted from André B. Sobocinski, BUMED Historian)

- The first women in the U.S. Navy were Nurses (1908). Navy nurses would serve within the Navy without rank until 1942.
- In 16 April 1947, as part of the Army-Navy Nurses Act, the Nurse Corps becomes a permanent staff corps of the U.S. Navy.
- On 17 August 1908, Esther Voorhees Hasson, former U.S. Army nurse, is chosen as the first superintendent of the Navy Nurse Corps. Between 17 September and 3 November, BUMED carefully selects 19 additional nurses. These "first" nurses of the Navy will be immortalized as the "Sacred Twenty."
- In April 1943, Congress approves directly appointing women physicians and surgeons in the Army and the Navy with the same pay and benefits as men (Public Law 38).
- On 1 June 1944, LT Sara Gdulin Krout, DC, USNR, becomes the first woman dentist in the U.S. Armed Forces.
- In November 1944, USS Higbee becomes the first combat ship to be named for a woman of the service. Ship was named in honor of Lenah S. Higbee, second superintendent of the Nurse Corps.
- On 15 October 1948, psychiatrist LCDR Frances L. Willoughby becomes the first female physician in the regular Navy.
- On 12 July 1948, PhM1c Ruth Flora becomes the first woman hospital corpsman in the regular Navy.

## Understanding PTSD and Military Sexual Trauma in active duty service women referred into the disability process

**Denise Parnell, M.D., IDES Director, NMCSD**

What does Military Sexual Trauma (MST) have to do with disability in Active Duty Service Women (ADSW)? A team of researchers at Naval Medical Center San Diego (NMCSD) and research facilitation staff at Naval Center for Combat & Operational Stress Control (NCCOSC) are currently studying the link between Post traumatic stress disorder (PTSD), MST and disability in ADSW. PTSD in the military may be triggered by multiple causes including MST and combat trauma. The Department of Defense (DoD) reports MST and sexual assault affect approximately 20,000 active duty men and women yearly with nearly half of those affected

> MST and sexual assault affect approximately 20,000 active duty men and women yearly

being women despite comprising only 14 percent of those in the military. Active duty service members with MST-precipitated PTSD, if unable to perform military duties, may require limited duty periods (LIMDU) to provide periods of healing and removal from duty station or

## A Few Facts about Women's History in Navy Medicine (cont.)

(Continuued from page 3)

- On 4 November 1955, Dr. Gioconda R. Saraniero becomes the first woman physician in the Navy to attain rank of captain.
- In 1997, Dr. Bonnie B. Potter becomes the first woman physician to attain the rank of Rear Admiral (lower half). In 2000, she is awarded her second star becoming the first Navy woman physician to do so. Potter is also the first woman to command a hospital ship (USNS Comfort).
- In 2002, RADM Kathleen L. Martin, NC, SHCE, becomes the first woman to serve as Deputy Surgeon General of the Navy Medical Department.
- In 2005, CDR Lena A. Hartzell, DC, USN earns the Bronze Star meritorious achievement in connection with combat operations against the enemy while serving as political advisor for the Coalition Provisional Authority in Salah ad-Din, Iraq, from 13 October 2003 to 11 March 2004. She is the first female Dental Corps officer to be awarded this honor.
- July 2006. Jacqueline DiRosa becomes the first woman to serve as the Fleet Master Chief. She is the first woman to serve in this capacity.
- In 2013, women represent (abt) 16 percent of the U.S. Navy and 38 percent of the Navy Medical Department.
- In 2014, females represents 21 percent of the Hospital Corps
- In 2015, females represent 39 percent of all Navy Medicine Officers

*Chief Aviation Ordnanceman Misty Beck is pinned by her wife during a chief petty officer pinning ceremony at Naval Air Station North Island. Beck and 20 other chief selectees from six different commands were pinned during the ceremony in the hangar of Fleet Logistics Support Squadron (VRC) 30. (U.S. Navy photo by Mass Communication Specialist 2nd Class Stephanie Smith/Released)*

even (Integrated Disability Evaluation System) for determination of 'fitness' to continue serving in the military. Service members found 'unfit' by the IDES process are separated from military service and provided benefits through the DoD and the Department of Veterans Affairs (VA) to compensate for a career cut short by injury or illness.

Over the past four years we have seen increasing IDES referrals for PTSD in ADSW obtaining mental health care at NMCSD. Our study examines trends in PTSD IDES referrals, especially MST-associated PTSD, by reviewing all ADSW in IDES with PTSD at NMCSD from 2011-2014. We evaluate a number of factors including demographic information, such as race and marital status, and characteristics of the trauma such as type of trauma, and if a MST, perpetrator characteristics. We also evaluate another population of ADSW, receiving mental health care for PTSD but not in the disability process, to determine if there are any significant differences between those referred for disability evaluation and those able to continue their regular duties. Through understanding the factors more greatly associated with disability from PTSD we may be able to find predictors of disability and gain some insight into areas that could be targeted to better help women continue serving in the military. The study is near completion and results should be available before the end of the year.

---

# How Sugar Can Affect Your Mental Health

Around this time of year, Americans typically increase their average sugar consumption due to the abundance of holiday candies, sweets, and treats. Each year, the average American consumes 130 pounds of added sugars. That averages to about 22 teaspoons a day (about half a cup) which skyrockets over the maximum set by the American Heart Association in 2009.

Research has confirmed that too much sugar is bad for your waistline and your heart health. Now there is increasing evidence that high levels of sugar consumption can affect your brain health. Sugar and other sweeteners, including high fructose corn syrup, honey, molasses and maple syrup, may contribute to a number of mental health problems.

## Anxiety

Research has established a correlation between sugar intake and anxiety. In a 2008 study by the National Center for Biotechnology Information, rats that binged on sugar and then fasted,

displayed anxiety. In a 2009 study, rats fed sucrose compared to high-antioxidant honey were more likely to suffer anxiety.

While anxiety may not be cured by dietary changes alone, adjusting the amount of excess sugar consumption can minimize symptoms, boost energy and improve the body's ability to cope with stress.

http://www.ncbi.nlm.nih.gov/pubmed/18325546

http://newsroom.ucla.edu/releases/this-is-your-brain-on-sugar-ucla-233992

## Depression

The "crash" following high blood sugar may emphasize the symptoms of certain mood disorders. Research has correlated heavy sugar consumption to an increased risk of depression. There are a few theories that explain the link. Sugar is at the root of chronic inflammation, which impacts the immune system, the brain and other systems in the body and also has been implicated in depression. Sugar also suppresses activity of a hormone called BDNF (Brain-derived neurotrophic factor) that is low in individuals with depression and schizophrenia. Symptoms following a peak and drop on blood sugar levels ("a sugar crash") are typically irritability, mood swings, and fatigue.

http://www.ncbi.nlm.nih.gov/pubmed/15123503

https://www.psychologytoday.com/blog/where-science-meets-the-steps/201309/4-ways-sugar-could-be-harming-your-mental-health
Learning and memory

According to a 2012 study by UCLA, a high sugar diet causes insulin resistance. Insulin is a hormone that controls blood sugar levels, regulates the function of brain cells, and strengthens the synaptic connections between brain cells, helping them to communicate better and thereby form stronger memories. When insulin levels are lower, there is damage to the communication between brain cells that fuel learning and memory formation.

http://www.ncbi.nlm.nih.gov/pubmed/19296910

The health of the mind and body are intricately connected and therefore are simultaneously affected by our diet. Below are tips to control your excess sugar intake.

- Avoid processed foods with high amounts of sugar
- Eat fiber with your sugar
  Stop drinking sugared beverages
- Keep sugar products out of the house
- Don't cut it out cold turkey. Reduce your sugar intake slowly.
- Exercise


**NCCOSC *MINDLINES***
**EDITION 26 • FALL 2015**

NAVAL CENTER COSC COMBAT & OPERATIONAL STRESS CONTROL

**Navy Bureau of Medicine and Surgery**

**Naval Center for Combat & Operational Stress Control (NCCOSC)**



*The opinions expressed in this publication are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government. I am a military service member / contractor of the U.S. Government. This work was prepared as part of my official duties. Title 17 U.S.C. §105 provided that 'copyright protection under this title is not available for any work of the United States Government.' Title 17 U.S.C. §101 defines U.S. Government work as a work prepared by a military service member or employee of the U.S. Government as part of that person's official duties. There is no external funding for this work.*



***MINDLINES*** is written and produced by the NCCOSC Strategic Communications Department.

**Senior Strategic Communications Specialist**
Jenny Collins

**Graphic Design**
Randy Reyes


Follow us on: